

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018052

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 585

STATE FILE NUMBER

FILED MAY 28 1962

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
Length of stay in 1b <u>21 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3618 Penn St.</u>		d. STREET ADDRESS (If outside, give location) <u>3618 Penn St.</u>	
3. NAME OF DECEASED (Type or print) First <u>VERNON</u> Middle <u>LUKE</u> Last <u>BREWER</u>		4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/12/1920</u>
9. AGE (last birthday) <u>41</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electro-typer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Engraving Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Bolckow, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Norman Luke Brewer</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline M. Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>Jeanne F. Brewer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	
16. SOCIAL SECURITY NO. <u>W.F. # 11</u>		17. INFORMANT <u>Mrs. Vernon Brewer, 3618 Penn, St. Joseph, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Anginal Syndrome</u>	
DUE TO (c) <u> </u>		2 Mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Joseph</u> COUNTY <u>Missouri</u> STATE <u> </u>	
21. I attended the deceased from <u>March 10, 1962</u> to <u>May 22, 1962</u> and last saw <u>her</u> alive on <u>March 31, 62</u>		Death occurred at <u>1:45 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Orville Leray MD</u> (Degree or title)		22b. ADDRESS <u>620 Francis St. St. Joseph 8, Mo.</u>	
22c. DATE SIGNED <u>5/22/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>5/24/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Joseph</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Hester-Bowman</u>		25. DATE RECD. BY LOCAL REG. <u>May 25, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
O.W.D. Craig M.D. MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 29 1962

MAY 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 5010th St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.